

Wisconsin Department of Regulation & Licensing

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Madison, WI 53703
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Website: <http://drl.wi.gov>

DENTISTRY EXAMINING BOARD

APPLICATION FOR DENTAL PERMIT TO ADMINISTER CONSCIOUS SEDATION

PLEASE TYPE OR PRINT IN INK

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number (____) ____ - ____
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Ethnic/gender status
information is optional.

Sex: ☐ M
☐ F

Ethnic: ☐ White, not of Hispanic origin
☐ Black, not of Hispanic origin
☐ Hispanic

☐ American Indian or Alaskan
☐ Asian or Pacific Islander
☐ Other

Wisconsin Dental License Number: _____

APPLICATION FEES

Make check payable to Department of Regulation and Licensing
and attach to application.

\$53.00 Initial Credential Fee

For Receipting Use Only

Wisconsin Department of Regulation & Licensing

CHECK THE CLASS FOR WHICH YOU ARE SEEKING CERTIFICATION (CLASS III, CLASS II OR CLASS I). [For your convenience we have added a checklist.] Under each section is a list of documents required for certification. Your application will not be considered complete until all of these documents have been received by the Department.

- ☐ **CERTIFICATION FOR CLASS III/DEEP SEDATION AND GENERAL ANESTHESIA.** This permit allows a dentist to do all of the following: deep sedation, general anesthesia, conscious sedation-parenteral, and conscious sedation-enteral. Dentists who hold Class III Permits do not have to obtain any other permit.
- ☐ Completed application (Form #2759)
 - ☐ Fee attached to this application
 - ☐ Proof of one of the following:
 - ▶ A Board-approved postdoctoral training program in the administration of deep sedation and general anesthesia (Form #2758)
 - OR**
 - ▶ A postdoctoral anesthesiology program in anesthesiology that is approved by the Accreditation Council for Graduate Medical Education (Form #2758)
 - OR**
 - ▶ Minimum of one year of advanced clinical training in anesthesiology (Form #2758)
 - OR**
 - ▶ Proof you have been utilizing general anesthesia for at least 5 years prior to January 1, 2007 (please complete Class III practice below)
 - ☐ Submit current copy of Advanced Cardiac Life Support Certificate (front/back)

NOTE: If the dentist is a pediatric specialist, the dentist may substitute proof of certification in pediatric advanced life support.

CLASS III PRACTICE: Account for all activities and practice utilizing general anesthesia or deep sedation for the last 5 years prior to January 1, 2007. **ALL** time and dates must be accounted for. (Attach additional sheet, if necessary.)

LOCATION	<u>DATES</u>		TYPE OF ANESTHESIA	FREQUENCY (AVE. USE PER WEEK)	ANY ADVERSE OCCURRENCES? (If yes, please provide a copy of Form #2764 for each occurrence.)
	FROM (mo/yr)	TO (mo/yr)			
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No

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☐ **CERTIFICATION FOR CLASS II/CONSCIOUS SEDATION-Parenteral.** This permit allows a dentist to do the following: conscious sedation-parenteral and conscious sedation-enteral. Dentists who hold a Class II Permit do not have to obtain a Class I permit.

☐ Completed application (Form #2759)

☐ Fee attached to this application

☐ Proof of one of the following:

▶ A Board-approved training course which includes: (Form #2758)

♦ A minimum of 60 hours of didactic instruction which addresses the physical evaluation of patients, IV sedation and emergency management

♦ 20 clinical cases of managing parenteral routes of administration

OR

▶ Graduate level training approved by the Board that at the minimum meets the above requirements. (Form # 2758)

OR

▶ Proof that the dentist has administered conscious sedation-**parenterally** on an outpatient basis for 5 years preceding January 1, 2007 (please complete Class II practice below)

☐ Submit current copy of Advanced Cardiac Life Support Certificate (front/back)

NOTE: If the dentist is a pediatric specialist, the dentist may substitute proof of certification in pediatric advanced life support.

CLASS II PRACTICE: Account for all activities and practice for administering conscious sedation-**parenterally** on an outpatient basis for the last 5 years preceding January 1, 2007. **ALL** time and dates must be accounted for. (Attach additional sheet, if necessary.)

LOCATION	<u>DATES</u>		TYPE OF SEDATION	FREQUENCY (AVE. USE PER WEEK)	ANY ADVERSE OCCURRENCES? (If yes, please provide a copy of Form #2764 for each occurrence.)
	FROM (mo/yr)	TO (mo/yr)			
1.					<input type="checkbox"/> Yes <input type="checkbox"/> No
2.					<input type="checkbox"/> Yes <input type="checkbox"/> No
3.					<input type="checkbox"/> Yes <input type="checkbox"/> No
4.					<input type="checkbox"/> Yes <input type="checkbox"/> No
5.					<input type="checkbox"/> Yes <input type="checkbox"/> No
6.					<input type="checkbox"/> Yes <input type="checkbox"/> No
7.					<input type="checkbox"/> Yes <input type="checkbox"/> No
8.					<input type="checkbox"/> Yes <input type="checkbox"/> No
9.					<input type="checkbox"/> Yes <input type="checkbox"/> No
10.					<input type="checkbox"/> Yes <input type="checkbox"/> No

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- ☐ **CERTIFICATION FOR CLASS I/CONSCIOUS SEDATION-Enteral.** This permit only allows a dentist to do oral conscious sedation-enteral.
- ☐ Completed application (Form #2759)
 - ☐ Fee attached to this application
 - ☐ A board approved training course which includes: (Form #2758)
 - ▶ 18 hours of didactic instruction which addresses physical evaluation of patients, conscious sedation-enteral, emergency management, and conforms to the principles in part one or part 3 of the American Dental Association's "Guidelines for Teaching the Comprehensive Control of Anxiety and Pain in Dentistry."
 - ▶ 20 clinical cases using an enteral route of administration to achieve conscious sedation which may include group observation.
 - ☐ Submit current copy of Basic Cardiac Life Support Certificate (front and back) and a board approved course in airway management

OR

Submit copy of current Advanced Cardiac Life Support Certificate (front and back)

NOTE: If the dentist is sedating patients age 14 or younger, the dentist must provide proof of certification in pediatric advanced life support.

No permit is required for anxiolysis or nitrous oxide inhalation. ["Anxiolysis" means the use of medication to relieve anxiety before or during a dental procedure which produces a minimally depressed level of consciousness, during which the patient's eyes are open and the patient retains the ability to maintain an airway independently and to respond appropriately to physical and verbal command.]

AFFIDAVIT OF APPLICANT

I, the above-named applicant, state that I am the person referred to in this application and that all the statements herein contained are each and all strictly true in every respect. I understand that false or forged statements made in connection with this application may be grounds for revocation of my credential or other disciplinary action. I also understand that if I am issued a credential, failure to comply with the laws or rules of either the Dentistry Examining Board or the Department of Regulation and Licensing will be cause for disciplinary action.

Applicant

Date